2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007836

FILED Apr 24, 2009 Secretary of State

Entity Name: CERTIFICATION BOARD OF NUCLEAR ENDOCRINOLOGY, INC.

Current Principal Place of Business: New Principal Place of Business:

245 RIVERSIDE AVE. 245 RIVERSIDE AVE.

SUITE 200 SUITE 200

JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 US

New Mailing Address: **Current Mailing Address:**

245 RIVERSIDE AVE. 245 RIVERSIDE AVE.

SUITE 200 SUITE 200

JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 US

FEI Number: 20-3244540 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, DONALD C 245 RIVERSIDE AVE. **SUITE #200** JACKSONVILLE, FL 32202 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CD (X) Change () Addition () Delete BASKIN, H JACK BASKIN, H. J MD Name: Name: 1741 BARCELONA WAY Address: 1741 BARCELONA WAY Address: City-St-Zip: WINTER PARK, FL 327895616 City-St-Zip: WINTER PARK, FL 32789 US

Title: CD () Delete Title: (X) Change () Addition

DUICK, DANIEL S Name: DUICK, DANIEL S MD Name: Address: 971 LAKELAND DR STE 353 Address: 3522 N 3RD AVE City-St-Zip: JACKSON, MS 39216 City-St-Zip: PHOENIX, AZ 85013 US

Title: () Delete Title: (X) Change () Addition SISTRUNK, J WOODY SISTRUNK, J W MD Name: Name:

971 LAKELAND DRIVE SUITE 353 1000 RIVERSIDE AVE SUITE 205 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: JACKSON, MS 39216 US

Title: () Delete Title: MGR (X) Change () Addition HELLMAN, RICHARD JONES, DONALD C Name: Name:

2790 CLAY EDWARDS DR STE 1250 245 RIVERSIDE AVENUE SUITE 200 Address: Address: City-St-Zip: KANSAS CITY, MO 64116 City-St-Zip: JACKSONVILLE, FL 32202 US

Title: () Delete Title: (X) Change () Addition DUICK, DANIEL S HAMILTON, CARLOS R MD Name: Name:

7000 FANNIN STREET SUITE 1535 3522 N 3RD AVE Address: Address: City-St-Zip: PHOENIX, AZ 850133903 City-St-Zip: HOUSTON, TX 77030 US

Title: () Delete Title: (X) Change () Addition ARTZ. STEVEN A LUPO, MARK A MD Name: Name:

Address: 4522 MACCORKLE AVE STE 3 Address: 5471 BEE RIDGE ROAD SUITE 500 CHARLESTON, WV 25314 City-St-Zip: SARASOTA, FL 34233 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD C. JONES MGR 04/24/2009